Department of Motor Vehicles Tax Services P.O. Box 27422 Richmond, Virginia 23269-7422

VIRGINIA FUELS TAX ALTERNATIVE FUEL SCHEDULE OF DISBURSEMENTS

Read the filing information and instructions on the back.

Schedule Number

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Name	NSEE INFORMAT	TION			PLE	EASE PRINT IN	FEIN/SSN			Report	Month/Year		
1401110							T Elli Wooli			rtoport			
	LICENSE (Check applicab		PRODUCT INFORMATION Check applicable box. MODE ((Complete separate schedules for each product type you disbursed.)							OF TRANSPORTATION CODES			
	☐ Bulk User of Alte	☐ 224-Compressed Natural Gas						PL - Pipeline B - Barge					
	☐ Provider of Alter	225-Liquefie	d Natural Ga	S	R - Rail	ST - Stationary Transfer							
	☐ Retailer of Altern	Retailer of Alternative Fuel						S - Ship	BA - Book Adjustment				
PRO	DUCT DISBURSE	MENT INFO	ORMATION										
	1 Carrier's Name	2 Carrier FEIN/S			Point of Origin Destination		6 Purchaser's Name	7 Purchaser's FEIN/SSN	8 Date Shipped	Document Number	12 Billed Gallons		
									TOTAL ###				

ADDITIONAL LINES FOR DATA ON BACK

TOTAL (this page only)	
GRAND TOTAL (all pages)	

VIRGINIA FUELS TAX ALTERNATIVE FUEL SCHEDULE OF DISBURSEMENTS

PRODUCT DISBUSEMENT INFORMATION

GRAND TOTAL (all pages)

1 Carrier's	2 Carrier's	3 Mode		nt of	6 Purchaser's	7 Purchaser's	8 Date	9 Document	12 Billed
Name	FEIN/SSN		Origin	Destination	Name	FEIN/SSN	Shipped	Number	Gallons
									·
							TOTAL (this pa	nge)	_

INSTRUCTIONS

This schedule provides detail to support the amount(s) shown as disbursements on your monthly Virginia fuels tax report.

Enter the sum of these columns for all pages of this report.

You may submit a schedule to summarize your disbursements. Format the summary the same as the Alternative Fuel Schedule of Disbursements. Complete separate summary schedules for each product type and group purchasers together. If you choose to submit summary schedules, you must still submit the schedules of individual disbursements.

SCHEDULE NUMBER	Enter the schedule number for the product activity you are reporting. (See Part A of the monthly report for required schedules.)
NAME	Enter the name of your company as shown on your monthly Virginia fuels tax report.
FEIN/SSN	Enter your company's FEIN or SSN as shown on your monthly Virginia fuels tax report.
REPORT MONTH/YEAR	Enter the month and year for which you are reporting.
LICENSE TYPE	Check the applicable box for the type of license that your company holds.
PRODUCT INFORMATION	Check the applicable box for the product type accounted for on this schedule.
CARRIER'S NAME	Enter the name of the company that transported the product.
CARRIER'S FEIN/SSN	Enter the FEIN or SSN of the company that transported the product.
MODE	Enter the code for the mode of transport used to move the product. (See Mode of Transportation Codes chart on front.)
POINT OF ORIGIN	Enter the IRS Terminal Control Number if the product was disbursed from a terminal. Otherwise, enter the city and state where the disbursement occurred.
POINT OF DESTINATION	Enter the IRS Terminal Control Number if the product was received into a terminal. Otherwise, enter the city and state where the product was delivered.
PURCHASER'S NAME	Enter the name of the company that bought the product.
PURCHASER'S FEIN/SSN	Enter the FEIN or SSN of the company that bought the product.
DATE SHIPPED	Enter the date (month, day, year) the product was shipped.
DOCUMENT NUMBER	Enter the terminal manifest number, pipeline/barge ticket number, or bulk plant withdrawal invoice number.
BILLED GALLONS	Enter the total number of gallons billed.
TOTAL (this page only)	Enter the sum of these columns for this page of the report.